



The Commonwealth of Massachusetts
Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor, Boston MA 02108
Telephone: (617) 727-3696 Fax: (617) 727-0726

RENEWAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE

CURRENT LICENSE NUMBER (if any) _____ EXPIRATION DATE OF CURRENT LICENSE _____

(Answer All Questions Completely - Attach Additional Sheets if Necessary)

1. Name of Agency: _____
Parent or affiliate company name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Business Telephone: (_____) _____
Fax Number:(_____) _____ Email Address: _____
Mailing Address (if different from above): _____
Name of Agency: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
2. Agency is: (circle one) Individual Partnership Corporation
3. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

If agency is a corporation, this application must be signed by the president and treasurer.
If the agency is a partnership, this application must be signed by all partners.

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND **ALL FACTS PREVIOUSLY REPORTED ON THE ORIGINAL LICENSE APPLICATION HAVE NOT CHANGED. THIS INCLUDES ALL LITERATURE** PERTAINING TO YOUR COMPANY WHICH YOU PROVIDE TO PROSPECTIVE CLIENTS AND WORKERS. I UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR LICENSE.

Name	Address	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The following documents must be submitted along with a completed application for an employment agency license. Incomplete applications will be returned to the applicant. Please make sure your application contains the following:

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- ☐ (a) a check or money order, payable to "The Commonwealth of Massachusetts" for the required \$300 annual fee or \$550 annual fee if the agency utilizes five or more counselors;
- ☐ (b) a surety bond filed in the penal sum of \$3,000;
- ☐ (c) a sample or facsimile of every revised or new form, contract or fee schedule used by the agency;
- ☐ (d) a notarized affidavit attesting to compliance with all state tax laws, signed by the owner, Corporate President or Chief Financial Officer;
- ☐ (e) a copy of the Policy Coverage Page from a valid Worker's Compensation Policy, or a notarized letter from a sole proprietor stating the agency does not have any employees;
- ☐ (f) if the agency is a corporation, submit a copy of all changes and amendments to the original articles of incorporation;
- ☐ (g) if the agency is a corporation, attach a copy of the recent annual report submitted to the Secretary of State, Commonwealth of Massachusetts. (Form AR85);
- ☐ (h) a signed and dated CORI Request form for the owner, all partners or the Corporate President;
- ☐ (i) a signed and dated Affirmation of Compliance stating your agency will post the Attorney General's Minimum Wage poster in a conspicuous place in your office if the caregivers are your employees and you will also provide a one page copy of the Attorney General's Minimum Wage Poster to all of your caregivers. A copy of the Attorney General's Minimum Wage Poster must be given to your clients when the client directly pays the caregiver.

Mail completed application to:

**Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor
Boston, MA 02108.**

ALL INFORMATION AND MATERIAL SUBMITTED IS SUBJECT TO INVESTIGATION BY THE
DIVISION OF OCCUPATIONAL SAFETY. ALL PLACES OF BUSINESS OR PROPOSED PLACES OF
BUSINESS ARE SUBJECT TO INSPECTION.

**The Commonwealth of Massachusetts
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RENEWAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE

**AFFIDAVIT CERTIFYING COMPLIANCE
RELATING TO PAYMENT OF TAXES
(Must be Notarized Before Submitting)**

I, (name) _____,

(title) _____ of

(name of agency) _____,

(agency address) _____,

(telephone number) _____,

do hereby certify that my firm has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (M.G.L. c62c, sec.49A).

Signed under the pains and penalties of perjury,

This _____ day of _____, 200__

SIGNATURE(S): If sole proprietorship, signature of owner
 If partnership, signatures of all partners
 If corporation, signature of President or Treasurer

Signature

Title

Signature

Title

Signature

Title

Sworn to me this _____ day of _____, 200__

Notary Public

**The Commonwealth of Massachusetts
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**AFFIRMATION OF COMPLIANCE
RELATING TO ATTORNEY GENERAL
MINIMUM WAGE POSTER**

I, (name) _____,

(title) _____ of

(name of agency) _____,

(agency address) _____,

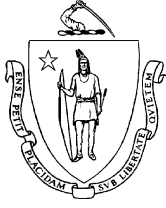
do hereby certify that my firm has complied with the Division of Occupational Safety's requirement to post the Attorney General's Minimum Wage Poster in a conspicuous place in our office as well as provide a copy of the Attorney General's Minimum Wage Poster to all caregivers; or provide a copy of the Attorney General's Minimum Wage Poster to our clients whose caregivers are their own employees.

SIGNATURE(S): If sole proprietorship, signature of owner
 If partnership, signatures of all partners
 If corporation, signature of President or Treasurer

Signature	Title	Date
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Signature	Title	Date
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Signature	Title	Date
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THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY
www.state.ma.us/dos

GMDOOS Rev 3-02

CORI REQUEST FORM

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening applicants for domestic placement licenses, modeling agency licenses, and home health care agencies.

As an applicant for an employment agency license from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT INFORMATION (PLEASE PRINT)

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias (if applicable)	_____ Date of Birth	_____ Social Security Number
Home Address Street: _____		
Home City, State Zip: _____		
Name of Employment Agency: _____		

_____ Applicant Signature	_____ Date
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Requested by: _____
Signature of CORI Authorized Employee

CHSB USE ONLY

Record attached: _____ No Record: _____